



Surfside Staffing Application Checklist

1. Application Form _____
2. Release and Authorization Form _____
3. Copy of License _____
4. Copy of Physical _____
5. Copy of TB Test _____
6. Copy of CPR Card _____

Application Instructions

You must fill out all subsequent pages of this application form. When finished, you can submit the completed application and items 3–6 above:

- 1) by faxing them to 619.285.3885, or
- 2) by scanning them into your computer and then sending them as email attachments to avalji@surfsidestaffing.com.

Please call us at 619.890.2703 if you have any questions about your application.



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name _____ Social Security No. _____

Present Address (Street Address) _____
(City, State, Zip) _____

Home Phone _____ Mobile Phone _____ Email _____

Discipline _____

LICENSURE (Include photocopies of all licenses held)

State: _____ License #: _____ Exp. Date: _____

CERTIFICATION (Include photocopies of certifications held)

Certification / Registration #: _____ Exp. Date: _____

Has your professional license or certification ever been investigated or suspended? Yes No
If yes, please explain _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
If yes, please explain _____

Have you ever been named as a defendant in a professional liability action? Yes No
If yes, please explain _____

Can you provide verification of your legal right to work in the United States? Yes No

EDUCATION	NAME AND LOCATION OF SCHOOL	MONTH/YEAR GRADUATED	DIPLOMA/DEGREE RECEIVED
COLLEGE			
GRADUATE SCHOOL			
OTHER SCHOOL			

Emergency Contact: Name _____ Relationship _____
 Address: _____
 Phone: _____

EMPLOYMENT HISTORY: Please complete employment history for the past 10 years, beginning with your most recent employment.

Employer _____
Address _____ Phone # _____
Position Held _____ Specialty / Duties (i.e. Geriatrics, Acute, Out patients) _____
Supervisor _____ Phone # _____
Dates employed: From _____ to _____ Reason for Leaving _____

Employer _____
Address _____ Phone # _____
Position Held _____ Specialty / Duties (i.e. Geriatrics, Acute, Out patients) _____
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Employer _____		
Address _____		Phone # _____
Position Held _____		
Specialty / Duties (i.e. Geriatrics, Acute, Out patients) _____		
Supervisor _____		Phone # _____
Dates employed: From _____ to _____ Reason for Leaving _____		

Employer _____		
Address _____		Phone # _____
Position Held _____		
Specialty / Duties (i.e. Geriatrics, Acute, Out patients) _____		
Supervisor _____		Phone # _____
Dates employed: From _____ to _____ Reason for Leaving _____		

Other names under which you have been employed: _____
 May we contact your present employer: _____

REFERENCES

Name: _____ Phone #: _____ Years Known: _____
 Name: _____ Phone #: _____ Years Known: _____
 Name: _____ Phone #: _____ Years Known: _____

I certify that the information provided in this application is complete and accurate, to the best of my knowledge. I authorize ProActive Physical Therapy and Sports Medicine to obtain information from my current and previous employers in support of my application. If anything contained in this application is found to be untrue, I understand I will be subject to dismissal without warning. I understand that ProActive Physical Therapy and Sports Medicine and / or its clients may require criminal background checks, and I consent to such checks.

Signature _____ **Date** _____

RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by **Surfside Staffing** that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from The Department of Justice or law enforcement agencies. The information received is limited to a criminal background and social security check.

I understand that the information released is for the consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment. If adverse action is taken based in whole or in part on the report, we will provide to you a copy of the report and a summary of your rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

I understand that I have the right to receive a copy of any report created as a result of this release form, by Liberty Alliance Inc.. I have also stated clearly below as to my desire to receive that report from this company to which I am applying upon its completion. The investigative consumer-reporting agency preparing the report(s) is Liberty Alliance, Inc., 22707 La Palma Ave., Yorba Linda, CA 92887, telephone (714) 696-5410. Their files are available for review by appointment, by certified mail or by telephone with proper identification.

PLEASE PRINT CLEARLY

Date of Birth: _____ Social Security Number: _____

Print Full Name: _____

Address: _____

Signature: _____

Yes, I would like a copy of any report that is conducted by Liberty Alliance, Inc.

No, I do not need a copy of any report that is conducted by Liberty Alliance, Inc.